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## Lymphocytomatosis In A Dog

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operative area. The tumor was grasped with an Ochsner forceps and slight traction was applied. It was dissected free, and found to be in two portions. The muscle and fascia were sutured together with plain catgut. The skin was pulled into apposition with continuous sutures of chromic catgut. The patient was placed in the oxygen tent immediately and died there approximately 1 hour later.

This terrier had twice saved his owner from a bull and for obvious sentimental reasons the patient was returned to the owner without autopsy. Sections of the tumor were sent to the laboratory and a report of lipoma was returned. This type of neoplasm most commonly occurs in the areas of the body where fat is normally abundant.

J. R. Terry '52

## 7 Lymphocytomatosis In A Dog.

On Jan 18, 1951 a 6-year-old male Coonhound was admitted to the Stange Memorial Clinic for treatment.

The history revealed that 2 weeks pre-

vious the owner had noticed the dog to be developing massive swellings of all the superficial lymph nodes. The appetite was good, but the animal was losing weight and its general condition was poor.

Clinical examination revealed the symptoms of ascites, accelerated pulse and respiration. The patient evidenced pain on palpation over the abdomen. All of the palpable lymph nodes were greatly enlarged. The temperature remained within normal range throughout the patient's hospitalization.

A blood count was made and the blood picture was as follows:

Hemoglobin ....	50.1 percent or 7.26 gms.
Erythrocytes .....	3,540,000.
Leucocytes .....	13,220.
Stabs .....	5,300.
Segments .....	5,300.
Lymphocytes .....	2,700.

The liver function test revealed a Maclagen flocculation test of eight.

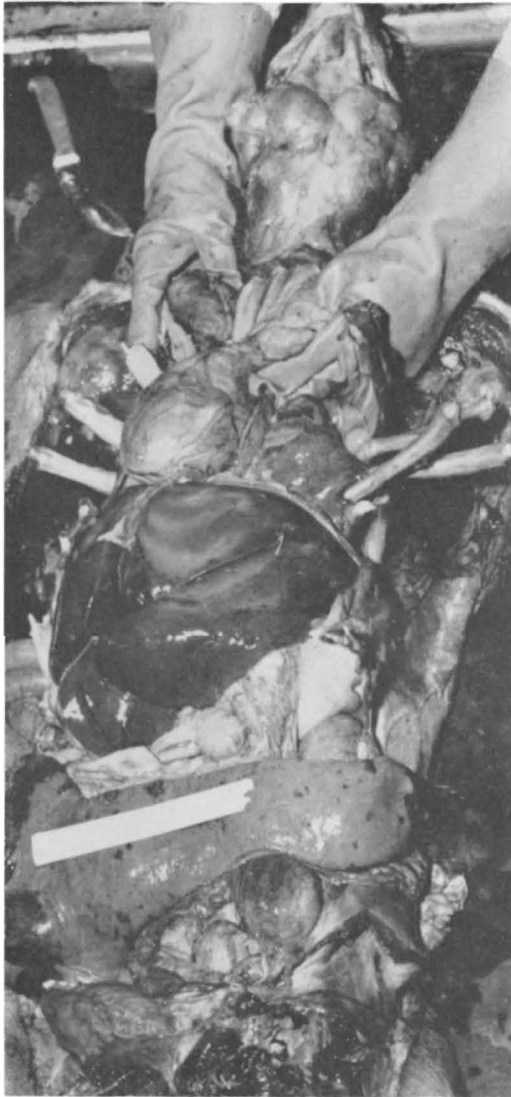
The 1:1 ratio of stabs to segments, the increase in lymphocytes, and the anemia plus the history, symptoms, and radio-



Lymphocytomatosis

graphic studies indicated a diagnosis of generalized lymphocytomatosis.

The patient showed continued weakness and depression and on Jan. 22 developed respiratory distress and difficulty in swallowing. The latter two conditions were probably due to the pres-



**Appearance at necropsy. A 6 in. ruler is lying on the spleen (foreground).**

sure of the enlarged thoracic and cervical lymph nodes on the trachea and esophagus.

The patient died on Jan. 23. A necropsy was made and the original diagnosis was substantiated. On necropsy the spleen

measured 42 by 18 by 4-6 cm. in size. The liver was enlarged and had undergone fatty degenerative changes. There were three thickenings 6 cm. in diameter on the liver which were lymphoid in character. All lymph nodes were enlarged to 15-20 times their normal size. The intestinal tract was empty, but normal and the animal was quite emaciated.

At present this disease is considered to be incurable, but the life of the patient can be prolonged by the use of blood transfusions.

**Donald Fritz '52**

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### **Diaphragmatic Hernia in a Dog.**

On Feb. 19, 1951, an 11-month-old, male, mixed Shepherd dog was admitted to the Stange Memorial Clinic. The history was that the dog had probably been run over by a car. Examination revealed a fracture of the tibia and fibula of the right hind leg. The pulse rate was 240 per minute, and the respiratory rate was 60 per minute. The respirations were rapid, labored and of the abdominal type. When the dog was held in a sitting position, there was some relief from the respiratory distress.

A diagnosis of a diaphragmatic hernia was made. This was confirmed by a radiograph. The radiograph showed that a greater portion of the stomach had passed through the diaphragm into the thoracic cavity.

Euthanasia was advisable due to the extensive trauma. The owner was informed and with his permission the animal was destroyed.

The cadaver was sent to the post mortem laboratory where a necropsy examination was performed. The crura of the diaphragm had been severed, and the stomach was protruding through the opening in the diaphragm, so that it was partially in the thoracic cavity. There was no blood in the abdominal cavity. The distal portion of the ileum for about 4 cm. was traumatized to the extent that it was becoming necrotic. The lungs were very much congested. There were subcutaneous hemorrhages in the cervi-